



Town of Arlington  
Department of Health and Human Services  
Office of the Board of Health  
27 Maple Street  
Arlington, MA 02476

Tel: (781) 316-3170  
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**2014 Application for Permit to Operate a Bathing Beach**

Fee: \$110.00 (Payable to: Town of Arlington)

**Beach Name:** \_\_\_\_\_ **Water Body:** \_\_\_\_\_

**Address / Location of Beach:** \_\_\_\_\_

**City / Town:** \_\_\_\_\_ **On- site Telephone #:** \_\_\_\_\_

**Beach Operator Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Dates of Operation of the Beach:** *From* \_\_\_\_\_ *to* \_\_\_\_\_  
(Specific dates are required example (May 1<sup>st</sup> to September 1<sup>st</sup>))

**Time & Day of the Week that Water Sample is collected:** \_\_\_\_\_

**Laboratory Performing Analysis:** \_\_\_\_\_

**Laboratory Telephone #:** \_\_\_\_\_

**Please circle the answer to the following questions:**

Has the Beach Operator reviewed 105 CMR 445.000, <i>Minimum Standards for Bathing Beaches (State Sanitary Code, Chapter VII)</i> , amended September 18, 2009?	YES	NO
Will the Board of Health be notified within 5 days of the results of routine testing?	YES	NO
Will the Board of Health be notified immediately (within 12 hours) of any exceedance?	YES	NO
Will the Field Data Forms be completed in full for each sampling event?	YES	NO
Will the signage required by 105 CMR 445.020 be provided and maintained?	YES	NO
Will there be any lifeguards on duty? (If yes, provide current credentials for all.)	YES	NO

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*For Office Use Only*

Approved/Denied (circle one) If denied, reason why: \_\_\_\_\_

Permit #: \_\_\_\_\_ Permit Start Date: \_\_\_\_\_ Permit Expiration Date: \_\_\_\_\_

Paid: \_\_\_\_\_ Staff: \_\_\_\_\_